

**U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT
ENFORCEMENT AND REMOVAL OPERATIONS
ICE HEALTH SERVICE CORPS**

MEDICATION ADMINISTRATION

**IHSC Directive: 03-16
ERO Directive Number: 11750.2
Federal Enterprise Architecture Number: 306-112-002b
Effective Date: 25 Mar 2016**

**By Order of the Acting Assistant Director
Stewart D. Smith, DHSc/s/**

1. **PURPOSE:** The purpose of this issuance is to set forth the policies and procedures for the administration of medications to detainees.
2. **APPLICABILITY:** This directive applies to all IHSC personnel, including but not limited to, Public Health Service (PHS) officers and civil service employees supporting health care operations in ICE-owned or contracted detention facilities and to IHSC Headquarters (HQ) staff. This directive applies to contract personnel when supporting IHSC in detention facilities and at HQ. Federal contractors are responsible for the management and discipline of their employees supporting IHSC.
3. **AUTHORITIES AND REFERENCES:**
 - 3-1. Title 8, Code of Federal Regulations, Section 235.3 ([8 CFR § 235.3](#)), Inadmissible Aliens and Expedited Removal;
 - 3-2. Title 8, U.S. Code, Section 1222 ([8 U.S.C. § 1222](#)), Detention of Aliens for Physical and Mental Examination;
 - 3-3. Title 8, Code of Federal Regulations, Part 232 ([8 CFR 232](#)), Detention of Aliens for Physical and Mental Examination;
 - 3-4. Title 42, U.S. Code, Section 249 ([42 U.S.C. § 249](#)), Medical Care and Treatment of Quarantined and Detained Persons;
 - 3-5. Title 42, U.S. Code, Section 252 ([42 U.S.C. § 252](#)), Medical Examination of Aliens.

4. **POLICY:** IHSC designated health care providers prescribe, fill, administer and distribute medication to detainees/residents for continuity of health care and the promotion of wellness in the detained population. Medications will be prescribed only when clinically indicated and will be delivered in a timely fashion. The Clinical Director determines prescribing practices for each IHSC clinic.

4-1. Disciplines. Prescription medications are administered or delivered to the patient only on the order of a designated health care provider. The following disciplines are authorized to administer medications to detainees/residents within the limits set by applicable state licensing authorities:

- a. Physicians, Dentists.
- b. Pharmacists (administer medication [medication and route] in accordance with their state licensing agencies and as approved by the Associate Medical Director or designee).
- c. Nurse Practitioners (NP) and Physician Assistants (PA).
- d. Registered Nurses (RN).
- e. Licensed Practical Nurses (LPN) and Licensed Vocational Nurses (LVN).
- f. Contract providers empowered to administer medications by their state licensing agencies in the state they are practicing.

4.2. Methods for Distribution of Medication to Detainees/Residents. Medications are distributed via Pill Line, or they are given to the patient [Keep on Person –KOP].

- a. The Health Services Administrator (HSA), in collaboration with pharmacy, nursing, and the Clinical Director (CD) or designee, develop and implement a distribution system for supervised dosing of Pill Line medications at their medical facility.
- b. Each medical facility will have a local operating procedure (LOP) identifying the expected time frames from ordering to the delivery of medications. A back up plan is established if time frames cannot be met.
- c. Detainees identified as taking medication upon intake to the facility will continue to receive the same medication or an alternative approved by the CD or designee in a timely manner. All prescription medications to

be distributed must have an order from a physician or midlevel provider.

- d. Ordering providers will receive notification when a prescription order will expire in order to make a determination of the need to continue or alter the medication therapy.

4-3. Pill Line Medications. The following medications can only be dispensed through Pill Line:

- a. Medications listed in the Controlled Substance Act of 1970 and its amendments (commonly referred to as narcotics and controlled substances).
- b. All psychotropic medications.
- c. All tuberculosis treatment medications.
- d. All antiretroviral medications.
- e. Oral medications provided to a detainee/resident in segregation with the exception of nitroglycerin. KOP (keep on person) status may be continued for topical creams/ointments, inhalers (and spacers if issued), suppositories, and eye/ear/nasal medications unless pill line use is deemed necessary by the prescriber. The prescriber may make an exception to KOP use of other medications on an individualized basis, and if so, the prescriber must document this in the health record.
- f. Medications for which the prescriber or facility pharmacist deems compliance should be monitored.
- g. Medications that require ongoing therapeutic effect are monitored (e.g., insulin, warfarin).
- h. Medications via nursing services/delivery for detainees/residents admitted to the medical housing unit (MHU). Note: The admitting provider can permit KOP status of medications in the MHU as deemed appropriate.
- i. Other medications as determined by the National Pharmacy and Therapeutics Committee.

4-4. Medication Administration Training.

- a. Personnel who administer or deliver prescription medication to detainees are licensed to do so by applicable state law and are trained annually in matters of security, accountability, common side effects, and documentation of administration of medications.
- b. Medication Administration training is developed by the IHSC Chief Nurse and approved by the Associate Medical Director or designee. Documentation of training is maintained in the training records of IHSC staff who administer medication.
Note: Training for employees of the service provider for detention bed space contracts (i.e. contracted correctional staff) is specific to each contract and therefore may be outside the scope of IHSC responsibility.

5. **PROCEDURES:** Detailed procedures related to this directive are found in the *IHSC Medication Administration Guide* located within the following folder:

[All Guides](#)

6. **HISTORICAL NOTES:** This directive replaces Directive 03-16 Medication Administration, dated 13 Mar 2015. Changes were made to all sections of the directive. It also adds NCCHC 2014 references, J-D-02, *Medication Services*, and J-C-05, *Medication Administration Training*.

7. **DEFINITIONS:** See definitions for this policy in the IHSC Glossary located on SharePoint: [GLOSSARY FOR IHSC OFFICIAL GUIDANCE](#)

8. APPLICABLE STANDARDS:

8-1. Performance-Based National Detention Standards (PBNDS) 2011:

- a. Medical Care 4.3 (G), *Pharmaceutical Management*.
- b. Medical Care 4.3 (S), *Delivery of Medication*.
- c. Medical Care 4.3 (X) (9), *Informed Consent and Involuntary Treatment*.

8-2. ICE Family Residential Standards: 4.3 V Expected Practices, 5 Pharmaceutical Management.

8-3. American Correctional Association (ACA):

- a. Performance-Based Standards for Adult Local Detention Facilities, 4th edition.

(1) 4-ALDF-4C-38.

(2) 4-ALDF-4C-39.

b. Standards for Adult Correctional Institutions, 4th edition; 4-4378.

c. Performance-Based Standards for Correctional Health Care in Adult Correctional Institutions; 1-HC-1A-35.

8-4. National Commission on Correctional Health Care (NCCHC):

a. Standards for Health Services in Jails, 2014

(1) J-C-05, *Medication Administration Training*

(2) J-D-02, *Medication Services*

9. **RECORDKEEPING.** IHSC maintains detainee health records as provided in the Alien Health Records System of Records Notice, 80 Federal Register 239 (Jan. 5, 2015).

Protection of Medical Records and Sensitive Personally Identifiable Information (PII).

9-1. Staff must keep all medical records, whether electronic or paper, secure with access limited only to those with a need to know. Staff must lock paper records in a secure cabinet or room when not in use or not otherwise under the control of a person with a need to know;

9-2. Staff are trained at orientation and annually on the protection of a patient's medical information and Sensitive PII; and

9-3. Staff should reference the Department of Homeland Security *Handbook for Safeguarding Sensitive PII* (Handbook) at:

(b)(7)(E)

when additional information is needed concerning safeguarding sensitive PII.

10. **NO PRIVATE RIGHT STATEMENT.** This directive is an internal policy statement of IHSC. It is not intended to, and does not create any rights, privileges, or benefits, substantive or procedural, enforceable against the United States; its departments, agencies, or other entities; its officers or employees; or any other person.